

NEW ACCOUNT CREDIT APPLICATION FORM

Legal Trading Entity:  Sole Trader:

Trading As:  Limited Company:

Registered Company No:  Registered VAT No:

Delivery Address:  Invoice address:

Is the Business (1) Independent  (2) Part of a group

If part of a group please specify the group name

Owner Name:  Phone Number:

Accounts Dept:  Phone Number:

Fax Number:  Email Address:

I/We confirm that I/We have received a copy of your "Terms & Conditions of Sale" as set out overleaf and agree that all sales by you shall be in accordance with these terms and conditions. I hereby apply/We hereby jointly and severally apply to you for a trading account and confirm that the confirmation given is true and correct. I/We understand that the pay terms for our account are 30 days for date of statement.

Customer Name:  Position in Company:

Print name:  Date:

For Internal Office Use Only:

Authorised By:  Date:

Account Number:

PSI Registration:

DIRECT DEBIT MANDATE

Customer Name:

Name of Account to be Debited:

Bank Name: Bank Address:

IBAN:

BIC:

Reference: Ocean Healthcare Ltd

Creditor Identifier: 3611652HH

Once this form has been filled in, please print it out, sign the form and return it by post to Ocean Healthcare Ltd at the address above.

- I instruct you to pay direct debits from my account at the request of Ocean Healthcare.
- The amounts will vary depending on the amount outstanding and are to be debited on various dates.
- I will inform the bank in writing if I wish to cancel the instructions.
- I understand if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.

Signature 1:  Date:

Signature 2:  Date: